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## \*BIBDATASHEET\*

CONFIRMATION NO. 6618

Bib Data Sheet

SERIAL NUMBER 09/780,755	FILING DATE 02/08/2001  RULE	CLASS 709	GROUP ART UNIT 2141	ATTORNEY DOCKET NO. 062891.0460
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## APPLICANTS

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Robert M. Batz, Raleigh, NC; Steven C. Klein, Raleigh, NC;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 09/742,604 12/21/2000 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/16/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	NC	7	14	4

## ADDRESS

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 75201-2980

## TITLE

Preallocation of client network address translation addresses for client-server networks

FILING FEE  RECEIVED 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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☐ Other

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Bib Data Sheet

CONFIRMATION NO. 6618

<b>SERIAL NUMBER</b> 09/780,755	<b>FILING DATE</b> 02/08/2001 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2661	<b>ATTORNEY DOCKET NO.</b> 062891.0460	
<b>APPLICANTS</b> Chris O'Rourke, Apex, NC; Barron C. Housel, Chapel Hill, NC; Robert M. Batz, Raleigh, NC; Steven C. Klein, Raleigh, NC;					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 09/742,604 12/21/2000					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/16/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Barton E. Showalter Baker Botts L.L.P. Suite 600 2001 Ross Avenue Dallas ,TX 75201-2980					
<b>TITLE</b> Preallocation of client network address translation addresses for client-server networks					
<b>FILING FEE RECEIVED</b> 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		